

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES TURNER**

Mailing Address 303 WILLOW CREEK LANE

City	State	Zip Code
OVILLA	TX	75154-1439

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
ATTORNEY AT LAW

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.285286**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

**B. Full Name (Last, First, Middle Initial)**

**MR. JAMES TURNER**

Mailing Address 303 WILLOW CREEK LANE

City	State	Zip Code
OVILLA	TX	75154-1439

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
ATTORNEY AT LAW

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.343443**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**C. Full Name (Last, First, Middle Initial)**

**MR. JAMES R. TURNER JR.**

Mailing Address 67654 W. ALMAR LANE

City	State	Zip Code
ST. CLAIRSVILLE	OH	43950-8455

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MURRAY ENERGY CORPORATION

Occupation  
VICE PRESIDENT ENGINEERING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.280524**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

**Subtotal Of Receipts This Page (optional)**.....

700.00

**Total This Period (last page this line number only)**.....